

U.S. Department of Justice
United States Marshals Service

Case 3:04-cr-30032-MAP Document 274

Filed 01/23/2008 Page 1 of 1

PROCESS RECEIPT AND RETURN

401 364 127
\$48.00 - 1ST PAGE
\$1.00 - ALL OTHER

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER
CR-04-30032-MAP

DEFENDANT
FRANCIS G. KEOUGH, III, et al.,

TYPE OF PROCESS:
Preliminary Order of Forfeiture

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN:

Tax Assessors Office

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

4540 South County Trail, Charlestown, RI 02813

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Kristina E. Barclay, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

Number of process to be served
with this Form - 285

Number of parties to be served
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named entity via certified mail, return receipt requested.

JLJ xt 3297

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

November 1, 2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated
(Sign only first USM 285 if more than
one USM 285 is submitted)

Total Process

No. _____

District of Origin

No. 38

District to Serve

No. 70

Signature of Authorized USMS Deputy or Clerk

Mary J. Hynes

Date

11/1/07

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).

Town Clerk

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing
in the defendant's usual place of abode.

Date of Service

11/20/07

Time

1030

am

pm

Signature of U.S. Marshal or Deputy

Cheryl Hynes

Service Fee

Total Mileage Charges
(including endeavors)

80 Round Trip

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount of Refund

REMARKS:

I DUSM/1 Cnd / 3 hrs / 80 miles Round Trip

18

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGEMENT OF RECEIPT